

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 16-00036	
DEFENDANT WYATT NORMAN SHIRES a/k/a WYATT N. SHIRES		TYPE OF PROCESS 285	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN WYATT NORMAN SHIRES a/k/a WYATT N. SHIRES		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 136 Pine Tree Drive Newville, PA 17241		
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises ASAP

Signature of Attorney or other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 7/24/16
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

HARRISBURG, PA

Address (complete only different than shown above)

NOV 22 2016

Date **8/26/16** Time **1036** ☒ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee \$130.00	Total Mileage Charges including odometer \$41.04	Forwarding Fee /	Total Charges \$171.04	Advance Deposits /	Amount owed to U.S. Marshal* or (Amount of Refund*) \$171.04 \$0.00
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REMARKS: Located in LAKE WARREN Estates
1 DUSM x 2hr = \$130.00 + 41.04 (m + .54) = \$171.04**POSTED****PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED